



CENTRAL SERVICES DIVISION  
PROCESSING CENTER  
555 WRIGHT WAY  
CARSON CITY, NV 89711  
(775) 684-4850  
www.dmvnv.com

Name of Adjusting Company: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Gentlemen:

I, the undersigned, being duly sworn, depose and state that the above-mentioned Adjusting Company is in fact the only entity settling claims or adjusting on behalf of \_\_\_\_\_.

(NAC 485.110 must be filed annually at least 15 days before expiration.)

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NOTE: TO BE SIGNED BY SOLE OWNER, PARTNER, OR OFFICER OF THE CORPORATION ONLY.

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Printed Name \_\_\_\_\_

Title \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
Notary Public or Authorized Nevada DMV Representative